



**Motor
Vehicle
Division**

Mail Drop 801Z
Special Plates Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

DISABILITY PLACARD RENEWAL/REPLACEMENT

40-0112 R06/06 www.azdot.gov

Certification Type <input type="checkbox"/> Renewal * <input type="checkbox"/> Replacement (placard was lost, stolen, destroyed or mutilated; if mutilated must be returned)			
Applicant Name (disabled/hearing impaired person or organization)		Phone ()	Current Placard Number
Applicant Mailing Address		City	State Zip
Organization Representative Name		Title	

- Individuals** I certify that I am permanently disabled as stated on my original application for this placard.
- Organizations** I certify that this placard is for a vehicle that is primarily used for transportation of disabled persons as stated on my original application.

Applicant Signature	* For renewals , must have notary or MVD agent signature (not required for Organizations or for Replacements)
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Acknowledged before me this date.	Notary or MVD Agent Signature		
Date	County	State	Commission Expires

New Placard Number (MVD Use)
